

RETIREE MEDICAL BUYER'S GUIDE





The Retiree Medical Insurance Plan is underwritten by Monumental Life Insurance Company, Cedar Rapids, IA.

This plan is offered to all Medicare-eligible retirees enrolled in Medicare Parts A and B; however, if you are covered by other insurance such as the State of Mississippi (Blue Cross/Blue Shield) Health Insurance Plan, you may need to evaluate the coverage under each plan to determine which is the best for you.

This plan is designed to pay some of the costs that Medicare does not cover. It pays many of the co-insurance amounts (such as the Medicare Part A deductible), reducing your out-of-pocket expenses.

Be sure to review this Guide carefully before selecting your Retiree Medical Plan for 2014.

The plan also provides coverage for benefits not covered by Medicare such as foreign travel. Enclosed is the Outline of Benefits, which provides details on the coverage.

 **Questions?**
Contact 1-800-749-6983

*Monday through Friday
from 7 a.m. to 5 p.m., CST*



RETIREE MEDICAL INSURANCE PLAN QUESTION AND ANSWER

Q: What are the eligibility requirements to join the plan?

A: You must be retired from a system administered by PERS and have both Medicare Parts A and B.

Q: Can I go to any doctor, clinic or hospital anywhere in the United States?

A: Yes. You may go to any doctor, clinic or hospital of your choice. You are also covered for emergency medical care in foreign countries.

Q: Are there any plan exclusions?

A: Yes. The Retiree Medical Insurance Plan does not cover any expenses that are not Medicare approved, except those outlined on the plan chart. Please note you must satisfy the \$147 Medicare Part B deductible each calendar year before Medicare Part B benefits are covered.

Q: Will my rates change as I get older?

A: No. Rates are not age based. The premium rates are the same for all individuals in the plan. Your rates will only increase if the rates for the entire group are increased.

Q: Is there a 30 day free look?

A: Yes. If for any reason you do not want the certificate, you have up to 30 days to return the certificate for a full premium refund.

Q: I presently have coverage under a Medicare Supplement Insurance Plan. When I enroll in the Retiree Medical Insurance Plan can I keep my other plan?

A: You do not need two programs. If you choose coverage under the Retiree Medical Insurance Plan, you should cancel your other supplemental coverage upon receipt of your certificate of insurance.

Q: Will benefits keep pace with annual Medicare benefit changes?

A: Yes. You are guaranteed future benefit improvements that will keep pace with the annual changes in Medicare.

Q: If my pension check does not cover the premium payment how will I be billed?

A: The administrator offers three additional billing options. The first option is direct monthly billing. The second option is monthly electronic drafts from your checking account. The third option is direct monthly billing to your Visa or MasterCard.



When you select the Retiree Medical Insurance Plan, you can be assured of:

- **Freedom of Choice.** You have the freedom to choose your own doctors, hospital or clinic anywhere in the United States.
- **Guaranteed Acceptance.** You are guaranteed coverage regardless of your present or past health condition if you are enrolled in Medicare Parts A and B.
- **Immediate Coverage.** The PERS Retiree Medical Insurance Plan provides immediate coverage with no waiting period. Pre-existing conditions are covered immediately.

Questions?
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Monday through Friday from
7 a.m. to 5 p.m., CST

Retiree Medical Insurance Plan Description

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA
a Transamerica company

Master Policy Form Number LM1000GPM.SERIES Certificate Form Number LM1000GCS.SERIES

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,216 All but \$304 a day All but \$608 a day \$0 \$0	\$1,216 (Part A Deductible) \$304 a day \$608 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$152 a day \$0	\$0 Up to \$152 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0

Benefits will not be paid for any expenses that are not determined to be Medicare-eligible expenses by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details please see the Master Policy. This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

Over, please

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$147 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	\$0 16% \$0	\$147 (Part B Deductible) 4% All costs
MENTAL HEALTH First \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 16%	\$147 (Part B Deductible) 4%
BLOOD First 3 pints Next \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 16%	\$0 \$147 (Part B Deductible) 4%
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$147 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 16%	\$0 \$147 (Part B Deductible) 4%
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OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$100 each calendar year Remainder of charges	\$0 \$0	\$0 100% to usual and customary charges up to a lifetime maximum of \$50,000	\$100 \$0
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It is easy to enroll in the Retiree Medical Insurance Plan. Simply complete the enrollment form and return it, along with a check for the first month's premium, in the postage-paid envelope.

Your cost to participate is \$140.50/month per enrollee and \$281.00/month for you and your spouse. Following the effective date of coverage, the premium will be deducted from your retirement benefit payment.

The Medicare Part D prescription drug coverage is available to everyone on Medicare. If you want prescription drug coverage, you must choose and enroll in one of the private Medicare-approved prescription drug plans.

Again, we are pleased to make this coverage available to you. If you have any questions regarding the benefits or how to enroll, please call a Monumental Life customer service representative at **1-800-749-6983**, Monday through Friday, 7 a.m. - 5 p.m., Central Time.



A Transamerica company

Administrative Office
Monumental Life Insurance Company
P.O. Box 1341
Valley Forge, PA 19482-9946

RETIREE MEDICAL INSURANCE PLAN ENROLLMENT FORM



It's Easy to Enroll

1. Complete and sign this form.
2. Make your check or money order for the first month's premium payment to: Monumental Life Insurance Company. After your first payment, your monthly premiums will be deducted from your PERS pension check.
3. Mail your completed Enrollment Form and first premium in the envelope provided.

RETIREE INFORMATION:

Name:	Address:	
City:	State:	Zip:
Social Security No.:	Date of Birth:	
Medicare No.:	Gender:	Phone No.:

SPOUSE INFORMATION:

Name:	Date of Birth:
Social Security No.:	Medicare No.:

PLEASE COMPLETE THE FOLLOWING INFORMATION:

SYSTEM YOU RETIRED FROM: ☐ PERS ☐ Mississippi Highway Safety Patrol
☐ Municipal Plan ☐ Supplemental Legislative Plan

DATE OF RETIREMENT: _____ **EMPLOYER RETIRED FROM:** _____

PERSONS TO BE COVERED: ☐ Retiree Only ☐ Retiree and Spouse ☐ Spouse Only

MONTHLY PREMIUM: ☐ \$140.50 Retiree or Spouse Only Coverage ☐ \$281.00 Retiree and Spouse Coverage

PREMIUM AMOUNT ENCLOSED: \$ _____ **EFFECTIVE DATE OF COVERAGE:** _____

PLEASE ANSWER THE FOLLOWING QUESTION:

Do you currently have any Medicare Supplement policies or certificates in force (including Health Maintenance Organization contract or health care service contract)?

- a) If YES*, with which company? _____
- b) What kind of policy/certificate? _____
- c) Length of time you have had coverage: ____ Years ____ Months
- d) Will you be replacing the above listed policy/certificate upon acceptance of this enrollment form? ☐ Yes ☐ No

*I understand it is my responsibility, if I desire to do so, to cancel my current coverage, if any, by notifying the provider or plan administrator of such coverage.

RETIREE	SPOUSE
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby enroll in the Retiree Medical Insurance Plan provided under group policy form number LM1000GPM issued by Monumental Life Insurance Company. I am covered by Medicare Parts A and B. I understand this insurance will be effective on the date shown on the certificate schedule. I acknowledge that I have read the fraud warning statement on the reverse side of this form where applicable. I also authorize the Public Employees' Retirement System of Mississippi to deduct the appropriate premiums from my monthly pension check.

Retiree Signature:	Date:
Spouse Signature:	Date:

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA
Mail your completed application and initial payment to:
Monumental Life Insurance Company, Direct Response Division, P. O. Box 1341, Valley Forge, PA 19482-9946

Questions? Call 1-800-749-6983, Monday – Friday, 7 AM until 5 PM, Central Time

FRAUD WARNING

AR, CO, KY, LA, ME, NM, OH, OK, RI, TN and WA Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

DC Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.